



**CEMETERY AND FUNERAL PROGRAM**  
P. O. Box 989003  
WEST SACRAMENTO, CA 95798-9003  
(916) 327-3219



**Request for Approval to Share**

- \$250.00 Preparation Room** (attach *Location Change Application*)  
**\$250.00 Storage Facilities** (attach *Location Change Application*)  
**\$50.00 Funeral Director Manager** (attach *Notification of Change Application*)  
**Apprentice Embalmers**  
**\$100.00 Training Facilities** (attach *Approval to Train Apprentice Embalmers*)

*For Department Use Only*

License No. \_\_\_\_\_

Date \_\_\_\_\_

**Section A: Applicant Information**

Applicant (name of licensed establishment)					License Number FD _____	
Address:	Number & Street	City	State	Zip Code	Phone Number ( )	

**Section B: Main Office Information**

Applicant (name of licensed establishment)					License Number FD _____	
Address:	Number & Street	City	State	Zip Code	Phone Number ( )	

**Section C: Preparation and/or Storage Facilities**

Name of Shared Establishment		Miles from main office	License Number FD _____		
Address:	Number & Street	City	State	Zip Code	Phone Number ( )
Use of Facility	Annual Caseload	Type of Ownership			
Preparation      Storage		Common      Contractual Agreement (include contract)			

**Section D: Designated Licensed Funeral Director Manager**

Name of Manager		License Number FDR _____	Number of Establishments to Manage		
Name of Managed Establishment					
Address where currently licensed:		Number & Street	City	State	Zip Code
License number of the Establishment		Miles from Main Office			
Name of <b>additional</b> Managed Establishment					
Address of <b>additional</b> Managed Establishment:		Number & Street	City	State	Zip Code
License number of the <b>additional</b> Establishment		Miles from Main Office			



## Information and Instructions for Completion of the Request for Approval to Share

### INFORMATION:

The attached *Request for Approval to Share* (21F-12) form must be completed and submitted to the Department of Consumer Affairs, Cemetery and Funeral Program, P. O. Box 989003, West Sacramento, CA 95798-9003. Each request to share preparation rooms, storage facilities, managing funeral directors, apprentice embalmers and training facilities will be reviewed and approved or denied as a separate request. Indicate all requested sharing needs and submit applications and fees as appropriate.

**The form must be approved before funeral establishments may begin sharing preparation rooms, storage facilities, managing funeral directors, apprentice embalmers and training facilities.**

Please fill out only those sections which pertain to the specific approval you are requesting.

### EXPLANATION OF THE SECTIONS ON THE FORM:

- Section A: Applicant Information** – On the *Request for Approval to Share*, indicate name, license number, address and phone number of the funeral establishment requesting permission to share with another establishment, a licensed: storage and/or preparation room, managing funeral director, apprentice embalmer, or training facility. **If you are requesting to share preparation, storage, or funeral director manager you must submit an *Application for Change in Location of Funeral Establishment* or *Notification of Change* application with applicable fees.**
- Section B: Main Office Information** – Name of the Main Office (primary licensed establishment), license number and address.
- Section C: Preparation and/or Storage Facilities** – Name of establishment offering facility to be shared, miles from main office (*Note: CCR § 1223.1 (c) requires the establishments to be within 60 miles of the main office*), license number, address of the facility to be shared, use of the facility to be shared, annual caseload and type of ownership (*Note: If you are sharing by contractual agreement, a copy of the signed contract must be included with this form. Contracts must include starting and ending dates*).
- Section D: Designated Licensed Funeral Director Manager** – Name of the Manager, license number, number of establishments to manage; name of establishment, address, license number and mileage from main office where currently licensed. List the name, address and license number of each additional establishment to be managed and the miles from the main office (*Note: CCR § 1204 (c) (3) requires the establishments to be within 60 miles of the main office*).
- Section E: Apprentice Embalmers** – List name of apprentice(s), registration number(s) and number of establishments to be treated in aggregate (*Note: CCR § 1230 defines the conditions for being treated in the aggregate*). List the name of the supervising embalmer, license number and total number of apprentices supervised.
- Section F: Shared Training Facility** – List all establishments to be treated in aggregate for the purpose of training apprentice embalmers. Indicate name of training establishment, license number, mileage from main office (*Note: CCR § 1223.1 (b) and (c) requires the establishments to be within 60 miles*), and addresses. **Each establishment must be approved to train by the Cemetery and Funeral Program. An *Application for Approval to Train Embalmers* and the \$100.00 fee must be submitted in order to obtain approval.**
- Section G: Declaration** – Date of execution, location, signature and title.